

I.M.P.A.C.® CALIFORNIA APPROVING OFFICIAL ACCOUNT SET-UP

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS

LEVEL 1 4055		LEVEL 2 01	
LEVEL 3	__ __	L3 Name	_____
LEVEL 4		__ __ __ __ L4 Name _____	
DEPT/OFFICE/AGENCY NAME _____ (Max 30)			
A/O NAME _____ (Max 12/1/17)			
(First name, middle initial, last)			
ADDRESS ONE _____ (Max 30)			
ADDRESS TWO _____ (Max 30)			
CITY _____		STATE <u>CA</u>	
ZIP +4 _____		PHONE (_____) _____	
FAX (_____) _____		COUNTRY <u>USA</u>	
OFFICE LIMIT \$ _____ (Up to \$999,900 is \$100 increments) Should be at minimum, the total of the 30 day limits for all cardholders reporting to the AO.			

Input Submitted by: APC

Authorized Sig _____	Name _____
Address _____	Phone _____
_____	Date _____

I.M.P.A.C. Card Services Use Only

Assigned Account Number

4055 - 01 __ __ - __ __ __ __ - __ __ __ __ Batch __ __ __ __ __ __ Date __ __ __ __ Input By __ __ __ __

SEND TO: I.M.P.A.C. Card Services, P.O. Box 6346, Fargo, ND 58125-6346

PHONE: 1-800-227-6736 FAX REQUESTS TO: 701-461-3910

FILE CODE 001